



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

March 1995

"Tribal Writes: Unsafe Sex Is Killing Us"

By Connie Norman

[Editor's Note: This article is reprinted with permission from "Update: Southern California's Gay and Lesbian Newspaper," Issue 685, February 8, 1995. Connie Norman writes a regular column, "Tribal Writes," for "Update." ALERT encourages responses to this article.]

The love that dare not speak its name is becoming our dirty little secret again. Only now it's not just putting us in closets, it's killing us. Unsafe sex is killing us. Unsafe sex has become the new dirty little secret. We have lost our commitment to safer sex. We have abrogated our leadership in the queer community to HIV prevention issues. In back rooms and barrooms, in sex clubs and in our bedrooms we have let the fog of denial fall upon us.

How many of you have had unsafe sex in the last six months? How many of you know someone who has recently tested positive? How many of you know someone else who is having unsafe sex? How many of you, when asked to have sex by Mr. Right at the moment, think that unsafe sex is OK, just this one time, him being so gorgeous and all? What happened to the condoms in the bars and the posters in the clubs encouraging safer sex practices? When did we stop caring about one another?

We got tired of hearing it, so we just stopped saying it. Now the leading killer of men between the ages of 23 and 44 years of age is AIDS. Not cancer, not accident, not violence, not heart disease, not anything else but AIDS. AIDS is killing us and it is still 80 percent Gay men who are dying. How many more? What has to happen before we get it?

"Unsafe sex is killing us...We have lost our commitment to safer sex...We have let the fog of denial fall upon us."

HIV, the virus which causes AIDS, which is the syndrome that causes death, is sexually transmitted through unprotected sex. It's just that simple. Why have we forgotten or allowed ourselves to ignore that simple message? Can it be that the forces of hatred and bigotry have won out? Have we decided we are not worthy of life?

We have invested all our energy and funds into worthless counseling and testing programs that are preventing zip. Testing is not a prevention issue, it's a treatment tool. By the time a person needs to be tested, they've already had unsafe sex. Having unsafe sex is what put them at risk in the first place. We're not doing much at all to prevent unsafe sex. We can test till we're all dead and it won't solve the problem. We're having unsafe sex with one another. That is the problem. Whatever we were doing about that problem, we've stopped doing. Or we've thrown condoms and brochures out and called ourselves finished with the task. Well, we're not finished with the task. Our brothers are dying in higher numbers than ever. Fourteen years into this plague and still most of the new infections are among Gay men. Are you listening here? Are you paying attention? Do you think that

(see "Tribal Writes...", page 2)

On The Medical Front: Is There New Hope?

By Rev. Steve Pieters

Many people returning from the International AIDS Conference held in Yokohama, Japan, expressed feelings of despair that there were no promising breakthroughs. HIV/AIDS activists all over the country articulated a new sense of hopelessness regarding medical research. Previously, there had always been something to cling to, some development that promised more time, or more quality of life, to persons living with HIV/AIDS. Something that allowed people to believe that progress was being made. But something happened in 1994 that crushed that hope.

Now we are beginning to hear hopeful sounds from the world of research again. An article on the front page of the *Los Angeles Times* of Monday, February 20, 1995, states that some researchers are beginning to feel some optimism again.

Hope is primarily centered around the results of research using combinations of antiviral drugs, as well as a different class of drugs, protease inhibitors.

Among the antivirals, there is excitement about the combination of AZT and 3TC, which together are far more effective than either one alone. Combining drugs in a "cocktail" treatment is an

approach that cancer specialists have used for years. There is now some evidence that this model of treatment will be more effective than treating HIV as a simple infection which could respond to a single drug, like an antibiotic. The theory is that a mixture of drugs will attack the virus at different stages of its life cycle.

Protease inhibitors, in recent studies, have been shown to be 10 to 20 times as powerful in suppressing HIV than AZT, and protease inhibitors are far less toxic. Some researchers are

(see "On The Medical Front," page 3)

MCC-DC's Gospel Choir Director Sets Precedent

Mr. David North, the Director of MCC Washington D.C.'s Gospel Choir, has fought for visitation rights with his three children, and won. His former wife had tried to prevent his visits, due to his gay lifestyle and his HIV status.

The case has bounced around the courts for a long time, but most recently a judge ruled that neither Mr. North's gay lifestyle nor his being HIV-positive should be an issue in visitation rights. This victory establishes an important precedent in child-custody and visitation hearings. Rev. Candace Shultis, Pastor of MCC Washington, D.C., testified at the hearing on Mr. North's behalf, countering the testimony of the former Mrs. North and her Baptist supporters.

Mr. North's story was featured on NBC news on Wednesday, February 15, 1995. ▼

UFMCC A Major Sponsor of 12th AIDS Candlelight Memorial

Once again, the Universal Fellowship of Metropolitan Community Churches will be a major sponsor of the annual AIDS Candlelight Memorial and Mobilization. The Memorial, the world's largest annual grassroots AIDS event, will happen this year on Sunday, May 21, 1995.

In 1994, the Candlelight Memorial was observed in 243 cities in 45 nations. The goal for 1995 is to register 300 cities worldwide. Metropolitan Community Churches throughout the world have been central to local planning and observation of this event.

The AIDS Candlelight Memorial and Mobilization is coordinated by Mobilization Against AIDS. Ben Carlson is the Program Director. For further information, write Mr. Carlson at 584-B Castro Street, San Francisco, CA 94114-1465, USA, telephone 415-863-4676, or Fax 415-863-4740. ▼

Long-Term Survivors Have Immune Memory Cells

The immune systems of people who are infected with HIV for nine years or more and who fail to develop full-blown AIDS have unique properties that may confer disease resistance, according to researchers at the University of Pittsburgh Medical Center (UPMC). These findings could be important to the development of therapies that prevent the onset of AIDS in HIV-infected people.

The researchers found that long-term HIV-infected survivors who had not progressed to AIDS had low levels of the HIV virus and had high levels of specialized "memory" killer T-cells that specifically recognize parts of the HIV virus.

"The memory killer T-cells may have a critical role in inhibiting the replication of the HIV virus and in protecting against immunosuppression and disease progression in long-term survivors," said Charles Rinaldo, Ph.D., lead investigator on the study and professor of pathology, UPMC. "We predict that for AIDS vaccines to be effective, they would need to stimulate memory killer T-cells," he added.

The investigators compared seven long-term "non-progressors" with 20 intermediate and advanced "progressors" (those who had lost most of the CD4+ T cells but who had not yet developed full-blown AIDS). Compared with non-progressors, progressors had higher levels of HIV and lower levels of memory killer T cells in their blood. ▼

"Tribal Writes..."

(continued from page 1)

the dominant heterosexist culture cares if we screw each other to death or not?

We must return to our leadership on HIV prevention issues in the queer community. We must make safer sex the only way we are willing to have sex. We must stop transmitting this misery to one another. We must begin to care again about ourselves and our brothers. Or we're all going to be dead. There has never been a group of people, a tribe, that banded together and protected one another like we did early on in the crises of this plague. I am so proud of what we have done and the leadership we gave to the rest of the world. Many of us from the AIDS activist movement have gone on to be firm and knowledgeable participants in HIV/AIDS treatment, care and service delivery. But we have abandoned prevention efforts. Why are we not still talking openly and honestly about sex? Why are we letting this government dictate to us how to run our prevention programs? Is doing it the way government has been telling us to been preventing the spread of this virus among Gay men? If we need to reconvince ourselves that we are worthy of loving one another, then let's get on with the task. Let's do whatever we have to do to stop this death march. But let's stop doing nothing or just more of the same. That's not working. I know we're tired of AIDS. I know we're tired of talking about AIDS. I know we're overwhelmed by the grief of so many of us dying of AIDS. Too bad. AIDS is here. It's here to stay for a long while and it's killing Gay men. Either we stop having unsafe sex with one another or we die. Period.

I'm sitting here raging inside, sick with AIDS and preparing to die a long, suffering, painful, depleted death. How could we continue to pass this misery along to one another? We must rise from the grief and denial and take back our lives. We must fight this disease with every resource available and by any means necessary. Where resources do not exist we must create them and we must demand that governments and communities make resources available in proportion to the need. There is no cure for AIDS. There will be no cure for years and possibly decades to come. The new estimates are now saying that the worldwide figure for AIDS infection could be ONE BILLION by 2005. Is a billion deaths acceptable to you? Is the loss of a quarter of our population something we can survive as a species? When are we going to say enough is enough and demand that we respond to this plague in a way that will save lives instead of take them?

When will you stop having unsafe sex? It all begins with each and every one of you: every Gay man. The world needs to commit to safer sex practices. We have not done the job of making that happen. We are, therefore, complicit in the deaths of thousands and thousands of our brothers. The blood of our brothers is no longer on Reagan, or Bush, or Clinton, or the AIDS czar. It's on us, it's on ourselves. It's on each and every one of us that have sex without a condom. Having sex without a condom is murder. Have we gone from the right to be ourselves to the right to be murderers? I will not support murder as a civil right. If we have to close every sex club on the planet, if we have to abstain from sexual expression, I just don't care anymore. We have got to stop killing ourselves and we've got to stop letting others kill us. There is no other way to say it, safe sex or no sex is the option. Oh, I'm sorry, there is one other option that far too many have taken already. We can continue to die.

Til next time, unsafe sex is suicide or murder, and my words are just musings and tribal writes. ▼

ALERT Readers Respond To Survey

A survey was sent out to all ALERT subscribers in the November/December issue of ALERT. As of December 21, we had received 194 completed ALERT Reader Surveys, out of a circulation of over 1,600.

Readers were asked to evaluate various aspects of ALERT on a scale of 1-10, where 1 means "absolutely no value whatsoever" and 10 means "extremely valuable."

Question 1 was "How valuable is ALERT to you personally?" The average personal value respondents placed on ALERT was 7.01. Those who gave ALERT a high rating (8, 9, or 10) for personal value represented 47.42% of respondents. Those who gave a low rating (1, 2, or 3) represented 8.25% of respondents.

Question 2 was "How valuable is ALERT as a resource for AIDS ministry in your local church?" Only 159 respondents answered this question. Some respondents who didn't answer this question, as well as some who gave it a low rating, indicated they are not involved in church, or simply don't know what impact ALERT has in their local church.

Of those who responded, the average rating was 6.24. Those who gave a high rating (8, 9, or 10) represented 38.99% of respondents. Those who gave a low rating (1, 2, or 3) represented 18.87% of respondents.

Articles on local AIDS Ministry efforts received an average rating of 7.02. Those who gave a high value (8, 9, or 10) to this kind of article represented 48.68%. Those who gave a low rating (1, 2, or 3) represented 7.4% of respondents. Some who gave a low rating felt these articles were only of interest if you knew the church or personnel involved, and some felt they were "only good for the positive stroke the article gives to that church." Some who gave these articles a high rating were grateful for learning what works in other churches, or the articles were good "for new ideas and strategies."

Articles on treatments and medical issues received an average rating of 7.31, the second highest rating given in any

category. Those who gave a high rating (8, 9, or 10) represented 55.03%. Those who gave a low rating (1, 2, or 3) represented 11.11% of respondents.

Some who gave medical articles a low rating indicated that they felt this information is readily available through many other sources, or that the medical news ALERT has published was old news.

Some who gave it a high rating indicated that ALERT was their only access to medical/treatment information. There were several comments from physicians, as well as persons living with HIV/AIDS, indicating their gratitude for this information, and wishing ALERT carried more medical articles. These people were generally in suburban or rural areas, according to the postmarks.

Articles on public policy issues received an average rating of 7.26. Those who gave a high rating (8, 9, or 10) represented 55.79%. Those who gave a low rating (1, 2, or 3) represented 9.47% of respondents.

Some who gave it a low rating were from outside the U.S. and said the public policy articles were irrelevant to them. Others felt this information was more readily available from other periodicals.

Articles on personal journeys with HIV/AIDS received the highest rating of any category, at 7.63. Those who gave a high rating (8, 9, or 10) represented 61.05% of respondents. Those who gave a low rating (1, 2, or 3) represented 6.31%.

Most respondents who commented appreciated the inspiration and hope these articles have conveyed. One respondent felt these articles were "too long and self-indulgent."

Announcements of conferences and resources received an average rating of 6.97. Those who gave a high rating (8, 9, or 10) represented 50.26%. Those who gave a low rating (1, 2, or 3) represented 9.84% of respondents.

Book reviews received an average rating of 6.45. Those who gave a high rating (8, 9, or 10) represented 36.31%. Those

(see ALERT Survey, page 4)

"On The Medical Front..."

(continued from page 1)

anticipating that antivirals like AZT in combination with protease inhibitors will be even more effective in interrupting HIV replication.

In the *L.A. Times* article, Dr. William Paul, director of the office of AIDS research at the National Institutes of Health is quoted as being "very excited and hopeful" about an upcoming trial combining AZT, 3TC and one of the protease inhibitors, which may hold "the key to our future planning."

"...while research seemed to be at a standstill for a while, there is now good reason to have hope regarding treatment of HIV and AIDS."

While the *L.A. Times* article quotes some researchers who disagree with this new-found optimism, it seems clear nonetheless that while research seemed to be at a standstill for a while, there is now good reason to have hope regarding treatment of HIV and AIDS.

From my perspective, as someone who was diagnosed in the early years of the pandemic, progress has indeed been

made. When I was diagnosed, the doctors told me there was absolutely nothing that could be done to help me. Today, there are all kinds of antiviral treatments to consider, and medications to prevent major opportunistic infections which killed people quickly in the early years of the epidemic.

It is not at all unusual today to meet people who have lived with AIDS and HIV for many years. People are surviving Kaposi's Sarcoma much longer than they were ten years ago. They've learned a lot about treating it. I've talked to people who had their first attack of pneumocystis many years ago, and have been "relatively" well since then. They have learned how to prevent and treat pneumocystis. And many of us can tell about the numbers of people we know personally who have been HIV-positive for years.

So there is hope. Progress is being made. What seemed like a concrete wall to some pessimists after Yokohama, has turned out to be plasterboard and the scientists have begun to break through.

When I was first diagnosed, the whole point seemed to be to stay alive long enough for them to find some sort of answer. The same is true today. We're not yet there. We don't have the cure. There is no magic bullet. But there are ways coming which may make it easier to manage, easier to stay healthy, easier to stay alive with HIV and AIDS. ▼

What Gets Me Through

By Rev. Don Magill, Tacoma, Washington

Volunteering in the HIV/AIDS community since 1982, pastoring for ten years, surviving the death of my spouse, and living with AIDS myself, I had never really come to ask myself the question, "so what gets me through?" until I read the article in the November/December 1994 issue of ALERT. Thank you, Ravi, for asking the question.

My first response is that love gets me through. Love is a very powerful emotion; a force of healing. I thank God for the love that I shared with Carl for nine years; and now, for the love that I share with Dale. Their love has gotten me through some very difficult times. By lying in their arms I have been renewed, energized, healed, comforted, and empowered.

The unconditional love of my mother also gets me through. After Carl died my mom was my strength. Her love and faith sustained me. Today, I know it's difficult for her to see me ill. It's difficult for her to know that I might die before she does. Regardless, she continues to love; she continues to give me strength simply through her presence and love for me.

My little dog Ronnie also gets me through. No matter what kind of mood I'm in, he is always loving and affectionate. He's my companion while my partner Dale is at work. He's my buddy. He lays by my side when I am ill and when I am well.

My garden gets me through. Being in the sunshine in my yard relieves stress. Gardening renews my soul and empow-

ers me. I love to work my hands in the soil. It brings me back to creation. It keeps me grounded. I love to sit and watch the birds eat seed from the feeder. Focusing on life instead of disease and death gets me through. Enjoying God's creation gets me through.

Over the years of living with AIDS I have gotten better at being true to my feelings and getting in touch with my needs. I no longer stifle my emotions. What gets me through is being real, honest, and human. I have also learned that my body does not lie to me. When I am not dealing in healthy ways with my emotions and with stress, my body tells me so. I get headaches, body aches, shingles, cysts, and new opportunistic infections. Today, I take better care of myself. I see my doctor regularly. I say "no" when I feel the need to. This gets me through. I also have learned to express my needs and allow others to care for me. The past six months my energy and health has deteriorated. I have had to ask for help.

I only have so much energy each day. It became difficult to perform the daily task of living. I needed help. I expressed this need to my case manager who arranged for a house keeper once a week. This gets me through. I also expressed this need to several friends. They now prepare an entire meal for me twice a month and bring it to my home. Now I can spend my energy on ministry, on gardening, and on things that feed and nurture me. This gets me through.

Support people and "safe places" also get me through. Once a month, three

different people come to my home and spend one or two hours listening to me and talking with me about whatever is on my mind. This gets me through. I have no roles to play with them. I am simply Don, a gay man living with AIDS.

Activism and a sense of belonging get me through. Even though I can no longer pastor, I still need to be engaged in life. I still need to know that my gifts are needed. The Pierce County AIDS Foundation offers me an opportunity to be useful, and belong to a community. They help get me through. The church also gets me through. By appointing me as the Northwest District AIDS Representative and now as pastor of HIV Programming at New Heart MCC, I am still able to remain an active clergy. I am still able to share my gifts with others in spite of my AIDS diagnosis. This gets me through.

Most importantly, God's grace gets me through. After my spouse Carl died it was the grace of God which sustained me. It was God who gave me strength and carried me through that difficult time. During lonely times it is God who is my faithful companion. "Even though I walk through the valley of the shadow of death, I have nothing to fear, for God is with me..." Psalm 23:4a. Worship and ritual also gets me through. I firmly believe that because I feed on the Bread of Life each week during communion, I survive. I am renewed. Through God's grace I am a long term survivor of AIDS. Lastly, prayer gets me through. My prayers for myself and your prayers for me get me through. ▼

ALERT Survey

(continued from page 3)

who gave a low rating (1, 2, or 3) represented 13.15% of respondents.

The survey revealed that an average of 5.76 people read each copy of ALERT. Some readers indicate that they pass it around to as many of their concerned friends as possible. Others noted that ALERT is posted on the church bulletin board, or available through the local library, and there is no way of estimating how many look at it.

Question 5 asked if ALERT should be kept as a separate newsletter as it is now, or incorporated into the UFMCC monthly newsletter, *Keeping in Touch*. Of those who responded, 106 persons, or 54.9% of respondents, voted to keep ALERT a separate newsletter. Seventy-seven respondents, or 39.9%, voted to incorporate ALERT into *Keeping in Touch*. Ten, or 5.2% of respondents, abstained from this question.

Some who voted to incorporate ALERT into *Keeping in Touch* wrote that they felt this would save postage. Others suggested keeping them as separate newsletters, but mailing

them together. This would present something of a problem, since there are a number of ALERT subscribers who are not on the *Keeping in Touch* mailing list, and vice versa.

Some who voted to keep the two separate worried that HIV/AIDS issues would "get lost" if incorporated into *Keeping in Touch* or "would not be given adequate attention."

Thirty-one of the respondents identified themselves as persons living with HIV or AIDS. Ninety people identified themselves as caregivers to a person or persons with HIV/AIDS, and 137 stated they were HIV/AIDS activists.

One hundred forty respondents identify their affiliation with MCC; thirty-two identify their affiliation with another religious community; and fourteen said they have no religious affiliation.

The UFMCC AIDS Ministry Long-Range Planning Task Force went over these survey results at their January meeting in Los Angeles, and discussed possible options for changing ALERT's publication schedule, among other matters. ▼